

ILLINOIS COMMERCE COMMISSION
527 EAST CAPITOL AVENUE, SPRINGFIELD, IL 62701 217/782-4654
PETITION FOR CERTIFICATE OF EXEMPTION

OFFICE USE

Illinois MC #

READ INSTRUCTIONS CAREFULLY ON REVERSE SIDE OF FORM

Part A.

1. Business Type: (Check one) ☐ Sole Proprietorship ☐ Partnership ☐ Corporation – State of Incorporation _____

Part B.

2. Full Legal Name of Transferor/License Holder:

3. FEIN/SSN:

4. Trade Name: (DBA)

5. Business Address: (Street and Number)

6. City:

7. State:

8. Zip

9. Business telephone
A/C ()

Part C. Complete only if a partnership or corporation.

10. Partners or Corporate Officers: (Attach additional pages if necessary.)

Name:

Title:

Name:

Title:

Part D. Complete only if corporation.

11. Corporation is less than a year old: ☐ Yes ☐ No

If yes, Articles of Incorporation from the Secretary of State must be attached.

If no, a Certificate of Good Standing from the Secretary of State must be attached.

Part E.

12. Describe your primary business purpose: (Attach additional pages if necessary.)

13. Type of commodity to be transported:	Origin:	Destination:	Is commodity to be returned to original location:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional commodity to be transported:	Origin:	Destination:	Is commodity to be returned to original location:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional commodity to be transported:	Origin:	Destination:	Is commodity to be returned to original location:	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. The transportation indicated above is for-hire and is exempt from the jurisdiction of the Illinois Commerce Commission in accordance with 625 ILCS 5/18c-4102. Check the applicable exemption below.

- | | |
|--|---|
| <input type="checkbox"/> Mail for U.S. Postal Service | <input type="checkbox"/> Waste having no commercial value to disposal site |
| <input type="checkbox"/> Agricultural commodities, farm supplies, etc. | <input type="checkbox"/> Transportation incidental to primary business |
| <input type="checkbox"/> Farm or dairy products by producer | <input type="checkbox"/> Emergency transportation of wrecked/disabled vehicle |
| <input type="checkbox"/> Farm machinery by owner | <input type="checkbox"/> Transportation of motor vehicle at owner request |
| <input type="checkbox"/> Towing pursuant to law enforcement request | <input type="checkbox"/> Not-for-hire transportation |
| <input type="checkbox"/> Relocation towing | <input type="checkbox"/> Potable water in containers of 1,600 gallons or less |
| <input type="checkbox"/> Newspapers to residential subscribers | <input type="checkbox"/> Livestock 28,000 GVWR or less – farm to market |
| | <input type="checkbox"/> Certain recyclable waste in special containers |

15. Checklist: A fee of \$50 made payable to the Illinois Commerce Commission must accompany this petition.

- | | |
|--|---|
| <input type="checkbox"/> A. Articles of Incorporation if corporation is less than one year old. | <input type="checkbox"/> C. Certificate of Authority to do Business as a Foreign Corporation if incorporated outside of Illinois. |
| <input type="checkbox"/> B. Certificate of Good Standing if corporation is more than one year old. | <input type="checkbox"/> D. Certificate of Publication under the Assumed Business Name Act. |

Part F.

16.. Certifying Statement and Signature. I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicants. Signatures below authorizes the Illinois Commerce Commission to lower the amount of the check if fees submitted exceed the correct amount. A power of attorney form is required with a processing agent signature.

Authorized Signature: _____ Position/Title: _____ Date: _____

**STATE OF ILLINOIS
ILLINOIS COMMERCE COMMISSION**

PETITION FOR CERTIFICATE OF EXEMPTION

SPECIFIC INSTRUCTIONS

- Item 1. Select the correct business type. Place a check mark on the form in the appropriate box. Check only one. If the state of incorporation is different from item 12, enter new state in space provided.
- Item 2. Sole Proprietorship: First name, middle initial and last name.
 Partnership: The legal name of the partnership exactly as it appears on the partnership's agreement.
 Corporation: The corporate name exactly as listed on the corporation's charter or other legal document creating the corporation.
- Item 3. Sole Proprietorship: Federal Employee Identification Number (FEIN). If the applicant is not required to have a FEIN, enter the applicant's Social Security Number (SSN).
 Partnership: Partnership's Federal Employee Identification Number (FEIN).
 Corporation: Corporation's Federal Employee Identification Number (FEIN).
- Item 4. Trade name, if any, and if different from the legal name in item 2 above. The trade name should be entered exactly as last registered with the state or local governing body which regulates trade or business names in your locality.
- Items 5-8. Address of principal place of business. This address must be the actual physical location of the business. Do not use P.O. box number, permitting agent, re-mailing service or terminal addresses in this space.
- Item 9. Business telephone number.
- Item 10. For partnerships and corporations: Enter name and title of each partner or corporate officer. Attach additional pages if necessary.
- Item 11. For corporations: Indicate if corporation is less than one year old. If yes, attach Articles of Incorporation from Secretary of State. If no, attach Certificate of Good Standing from Secretary of State
- Item 12. Describe primary business purpose. Attach additional pages if necessary.
- Item 13. List commodity, i.e., vehicles, flowers, cigarettes, to be transported. Indicate origin, destination and if commodity will be returned to origination.
- Item 14. 625 ILCS 5/18c-4102, enumerates various exemptions from Illinois Commerce commission jurisdiction. Select the applicable exemption.
- Item 15. A \$50 fee is to be submitted with this petition. Make check payable to Illinois Commerce Commission (U.S. dollars only)
- Item 16. Read certifying statement. Sign application, enter your position/title and the date. Power of Attorney is required if an agent signs the application.